

The Public Acts of 1976 as amended
by Sec. 1531 of PA 230 (2000).
Completion: Voluntary (certificate will
not be issued if form is not filed).

**Michigan Department of Education
Office of Professional Preparation Services
P.O. Box 30008, Lansing, Michigan 48909**

Direct questions regarding
this form to (517) 335-0580.

APPLICATION FOR TWO-YEAR EXTENDED MICHIGAN PROVISIONAL TEACHING CERTIFICATE

Pursuant to section 1531(e) of PA 230 (2000), an expired Provisional Teaching Certificate may be renewed by the issuance of an Extended Provisional Teaching Certificate. Under the provisions of this section, a sponsoring school district or public school academy may apply to the Michigan Department of Education (MDE) on the person's behalf for another Provisional Teaching Certificate within ten years after the expiration date of the person's **initial** Provisional Teaching Certificate. The Extended Provisional Teaching Certificate is valid for two calendar years and is nonrenewable.

TEACHER INFORMATION

SOCIAL SECURITY NUMBER		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH	
NAME (last)		NAME (first)		NAME (middle or maiden)	
ADDRESS			CITY		STATE
					ZIP CODE
ISSUE DATE OF INITIAL PROVISIONAL CERTIFICATE:			EXPIRATION DATE OF INITIAL PROVISIONAL CERTIFICATE:		

APPLICANT SCHOOL DISTRICT/SCHOOL INFORMATION

LEGAL NAME	NONPUBLIC #	PUBLIC SCHOOL CODE #	PHONE: Area code/Local No.
ADDRESS		CITY	ZIP CODE

CERTIFICATION

This application for a two-year, nonrenewable extended Provisional certificate is submitted on behalf and with the consent of _____. Completion of the attached planned course of study for a Professional Education certificate from an approved Michigan teacher preparation institution will be monitored by the district. Individuals who fail to complete all requirements for the Professional Education certificate during the two-year validity of the extended Provisional certificate will not be granted additional renewals of their initial Provisional teaching certificate.

Applicant's Signature

Date _____

Superintendent/Chief Official Signature

Date _____

APPLICATIONS MUST BE SUBMITTED TO THE ABOVE ADDRESS.

THIS FORM MAY BE DUPLICATED.